24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)		PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
BELIEVE AGAIN		
		C C00571711
Check if 24-hour report X 48-hour report	New report Amends report file	ed on Man / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
ONMESSAGE, INC		09 16 2015
Mailing Address 705 MELVIN AVE # 105		Amount
City	rate Zip Code	20000.00
	MD 21401	Transaction ID : 1 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA	Category/ Type	09 / 14 / 2015
Name of Federal Candidate	Support Offi	ice Sought: House District:
Bobby Jindal	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	1400198.69 Dis 201	bursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
ONMESSAGE, INC		09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 705 MELVIN AVE # 105		Amount
City	tate Zip Code	284279.00
	MD 21401	Transaction ID : 2 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA	Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District:
Bobby Jindal	Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought	Dis 1400198.69 20	
3		Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		304279.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized committee or agent of eith	
ROBERT YARBOROUGH	[Electronically Filed] Date	09 16 2015
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BELIEVE AGAIN	C C00571711
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee ONMESSAGE, INC	Date of Public Distribution/Dissemination
Mailing Address 705 MELVIN AVE # 105	09 / 16 / 2015
Walling Address 705 MELVIN AVE # 105	Amount
City State Zip Code	11720.00
ANNAPOLIS MD 21401	Transaction ID: 3 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	09 15 / Y Y Y Y
<u> </u>	Sought: House District:
Bobby Jindal Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For:
Full Name of Payee ONMESSAGE, INC	Date of Public Distribution/Dissemination
	09 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 705 MELVIN AVE # 105	Amount
City State Zip Code	18570.89
ANNAPOLIS MD 21401	Transaction ID: 4 Date of Disbursement or Obligation
Purpose of Expenditure MEDIA Category/ Type	09 15 / 2015
	e Sought: House District:
Bobby Jindal Oppose	President Senate State: IA
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:
(a) CURTOTAL of Hamized Independent Europeditures	20000 00
(a) SUBTOTAL of Itemized Independent Expenditures	30290.89
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 5
(c) TOTAL Independent Expenditures	334569.89
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
ROBERT YARBOROUGH [Electronically Filed] Date 0	9 16 Y Y Y Y Y Y Y
Signature	